



Triennial Containment Sump Integrity Test Form for Underground Storage Tank Systems Oil Remediation and Compliance Bureau



RSA 146-C, Env-Or 406.07, 406.14, 406.15

ATTENTION: This form is a document used to facilitate the submission of information required under Env-Or 400. Nothing in this form is required to be submitted to the Department unless such a requirement is expressly stated in the rules. If there is any inconsistency between this document and the adopted rules, only those requirements specified in the rules are applicable and enforceable. Use of this form to submit information required under the rules is OPTIONAL.

The owner/operator must submit a copy of the test report to NHDES within 30 days of testing.

Facility Information	
NHDES Site # 199608010	Facility ID # 0113050
Facility Name: Seven Lakes Provisions	
Physical Address of Facility: 1260 Province Lake Rd	
Town/City: Wakefield	
Owner Information	
Name: Jeffrey Cuevas	
Mailing Address: 1260 Province Lake Rd., East Wakefield. NH 03830	
Daytime Phone: (207) 615 - 9131	Email (Optional):

Test Date: 12/3/20

1. Containment model number and manufacturer's name (List out all manufacturers and models if different.):

APT single wall poly sumps

2. Test Method: hydrostatic

CONTAINMENT SUMP INTEGRITY TEST RESULTS:		Tank #	3A	3A	3B	3B
3.	Specify if Tank Top, Dispenser, or Transition Sump (TT, D, or TRANS)		TT	D	TT	D
4.	The primary and secondary containment, if applicable, is free of debris, water, and regulated substance. (Y or N)		Y	Y	Y	Y
5.	Start time of test.		9:30	9:30	9:30	9:30
6.	Liquid or pressure level at beginning of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)		13" From top	12" From top	12" From top	11" From top
7.	End time of test.		12:30	12:30	12:30	12:30
8.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)		13"	12"	12"	11"
9.	In summary, the spill bucket is confirmed to be in proper operation per manufacturer's requirements. Enter "P" for Pass or "F" for Fail		P	P	P	P

If your answer is **No** for any of the above, then describe on the reverse side of this form how and when these items will be corrected. Any tightness test failure shall be reported to NHDES within 24 hours of receiving notice of failure. Please be aware that no transfer shall be made to a UST system that is not equipped with spill containment as required by Env-Or 405.05.

NHDES email: orcb.wmd@des.nh.gov

Telephone: (603) 271-3899 Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2964

P.O. BOX 95, Concord, NH 03302-0095

www.des.nh.gov

Certification - I hereby certify that I'm qualified to test the equipment identified in this document and tested for proper operation in accordance with Env-Or 400 and manufacturer's requirements.

Testing Company Name: Portland Pump Company Testing Company Phone #: 207-883-4317

Testing Company Address: 11 Border Rd., Scarborough, ME 04084

Technician Name (Print): Joshua Biskupiak Technician Signature: 

Describe how and when any "No" items will be corrected:



**Triennial Spill Containment Integrity Test Form
For Underground Storage Tank Systems
Waste Division/Oil Remediation and Compliance Bureau**



RSA/Rule: RSA 146-C, Env-Or 400

Facility Name: Seven Lakes Provisions UST Facility ID No.: 0113050
 Facility Address: 1260 Province Lake Rd City: Wakefield Zip: 03830
 UST System Owner Name: Jeffrey Cuevas Owner's Daytime Phone Number: (207) 615-9131
 Owner Address: 1260 Province Lake Rd., East Wakefield, NH

A. Spill Containment Integrity Test Results

1. Containment model number and manufacturer's name (List out all manufacturers and models if different):
Fairfield SCM 5 - 5 gallon, slip on, single wall
 2. Test Method: hydrostatic

	Tank #	3A	3B	3C	
3.	Specify if fill or vapor recovery containment. (F or VR)	F	F	VR	
4.	The primary and secondary containment, if applicable, is free of debris, water and regulated substance. (Y or N)	Y	Y	Y	
5.	Start time of test.	9:45	9:45	9:45	
6.	Liquid or pressure level at beginning of test. (hydrostatic: inches to the nearest 1/8 inch)(vacuum: inches water column or hg)	top	top	top	
7.	End time of test.	10:45	10:45	10:45	
8.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest 1/8 inch)(vacuum: inches water column or hg)	top	top	top	
9.	In summary, the spill bucket is confirmed to be in proper operation per manufacturer's requirements. Enter "P" for Pass or "F" for Fail	P	P	P	

If your answer is No for any of the above, then describe on the reverse side of this form how and when these items will be corrected. Please be aware that no transfer shall be made to a UST system that is not equipped with spill containment as required by Env-Or 405.05.

B. Certification

I hereby certify that I'm qualified to test the equipment identified in this document and tested for proper operation in accordance with Env-Or 400 and manufacturer's requirements.

Tester Name (print): Joshua Biskupiak Company Name: Portland Pump Company
 Company Address / State / Zip: 11 Border Rd Scarborough, ME 04074
 Tester's Signature: [Signature] Phone No.: (207) 883-4317 Test Date: 12/3/20

C. Record Keeping and Reporting Instructions

The owner/operator must submit a copy of the test report to NHDES within 30 days of testing.

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